

<b>Case Number:</b>	CM15-0188675		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/08/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female who sustained an industrial injury on 4-8-10. The injured worker reported back discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for backache. Medical records dated 6-25-15 indicate pain rated at 8 out of 10. Treatment has included Neurontin, Colace, Senokot, Ambien, Nucynta, Wellbutrin, magnetic resonance imaging, electromyography, nerve conduction velocity study, and Psychological evaluation. Objective findings dated 6-25-15 were notable for lumbar spine noted for loss of normal lordosis, restricted range of motion, limited flexion to 50 degrees limited by pain, extension to 10 degrees limited by pain, paravertebral muscle spasm noted bilaterally, lumbar facet positive bilaterally and coccygeal tenderness noted. The original utilization review (8-25-15) denied a request for Colace 100 milligrams quantity of 60 refill quantity of 1, Senokot 187 milligrams quantity of 60 refill quantity of 1 and Ambien 5 milligrams quantity of 20 refill quantity of 1.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Colace 100 mg #60, Refill #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-Induced Constipation Treatment.

**Decision rationale:** In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Per progress report dated 7/22/15 it was noted that the injured worker reported some gastric distress as well as constipation. She had been taking Nucynta 50 mg t.i.d. p.r.n., but this has been discontinued. As there is no active certification for opioid therapy, the prescription of prophylactic treatment of constipation is not medically necessary.

**Sanokot 187mg# 60, Refill # 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-Induced Constipation Treatment.

**Decision rationale:** In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Per progress report dated 7/22/15 it was noted that the injured worker reported some gastric distress as well as constipation. She had been taking Nucynta 50 mg t.i.d. p.r.n., but this has been discontinued. As there is no active certification for opioid therapy, the prescription of prophylactic treatment of constipation is not medically necessary.

**Ambien 5 mg # 20, Refill #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (ambien).

**Decision rationale:** The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers,

and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Per the documentation submitted for review, it was noted "Her sleep is highly variable with both initial insomnia and early morning awakening. She sleeps one to two hours at a stretch and often wakes up at 3:00 a.m. and cannot return back to sleep. Her sleep is typically limited to 3 or 4 hours per night and she feels exhausted all the time." With regard to medication history, the injured worker has been using this medication since at least 3/2015. As it is only recommended for short-term use, medical necessity cannot be affirmed.